

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/12/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		X3) DATE SURVEY COMPLETED 03/16/2011	
NAME OF PROVIDER OR SUPPLIER LAMPLIGHT INN OF FORT WAYNE				STREET ADDRESS, CITY, STATE, ZIP CODE 300 E WASHINGTON BLVD FORT WAYNE, IN46802			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
R0000	<p>This visit was for an Initial State Licensure Survey.</p> <p>Survey dates: March 15, 16, 2011</p> <p>Facility number: 012288 Provider number: 012288 AIM number: NA</p> <p>Survey team: Christine Fodrea RN, TC Rick Blain, RN Sue Brooker, RD Sheryl Roth, RN</p> <p>Census bed type: Residential: 15 Total: 15</p> <p>Census payor type: Other: 15 Total: 15</p> <p>Sample: 6</p> <p>This state residential finding is cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on March 17, 2011 by Bev Faulkner, RN</p>			R0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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R0241	<p>Based on record review and interview, the facility failed to ensure medications were administered by nursing as ordered by the physician for 1 of 6 residents reviewed for medication administration in a total sample of 6 residents. (Resident #4)</p> <p>Findings include:</p> <p>Resident #4's record was reviewed on 3/15/11 at 11:30 a.m. The record indicated Resident #4's diagnoses included, but were not limited to, bipolar, diabetes, and coronary artery disease.</p> <p>The "Health Assessment for Assisted Living - Indiana," dated 1/28/11, indicated Resident #4 was not mentally or physically capable of self-administration nor was the resident capable with reminders. The assessment indicated the resident required the administration of medications.</p> <p>The "Assisted Living Service Plan," dated 1/31/11, did not address medication administration or behaviors for Resident #4.</p> <p>The "Medication/Treatment Administration Record" for February 2010, indicated Resident #4 administered</p>		R0241	<p>1. The facility reviewed and updated resident#4 service plan. The resident was not affected by the deficient practice.2. All Assisted Living residents charts were audited to ensure a self administration of medication assessment was completed and all assisted living residents service plans were updated and reflect any physician order changes if given. 3. Inservice for the nursing staff will be held 3-28-2011 to go over the policy and procedure for self-administration of medication forms.4. PI tool Named R241 Medication Administration will be completed by charge nurse weekly times four then monthly times three or until compliance is achieved. Compliance will be achieved when 100% of the charts audited contain the proper assessments.</p>		03/29/2011	

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	<p>her own medications during the month of February until the 18th.</p> <p>The "Nurses Notes," dated 2/18/11, indicated "...observed card of Cymbalta (antidepressant) lying on top of dresser next to lock box...asked res (resident) if she was taking her medications? Res said no...when asked why not...unable to give answer...writer assessed her this am (morning) and set up her meds, stayed c (with) her while she took them...."</p> <p>A "Self-Medication Assessment" for Resident #4, dated 2/18/11, indicated the resident was not taking her medications at all and that a punch card lying on top of the resident's dresser was untouched. The assessment further indicated the resident was unable to correctly state what each medication was for, unable to correctly document self-administration of the medication, and unable to correctly state when PRN (as needed) medications should be administered. There was no "Self-Medication Assessment" in the clinical record from the date of admission (1/31/11) until the assessment on 2/18/11.</p> <p>The undated "Assisted Living Program/Medication Assistance," with an approval date of 9/1/10, indicated "...the amount and type of assistance needed will</p>				

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	<p>be defined in the resident's assistance/service plan...."</p> <p>On 3/15/11 at 2:35 p.m., LPN #1 indicated Resident #4 was self-medicating when she first was admitted, but after the resident's behaviors developed, she was assessed and staff began giving the medication to the resident after that.</p>				